

ISSUE STATEMENT AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 4/3    | 6/26/01  |
| FORMALITY REVIEW          | TH       | 1118   | 8-09-01  |
| RESPONSE FORMALITY REVIEW | A-M      | 580    | 10-11-01 |
|                           | X        | 886    | 02-10-03 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

530  
 08-10-01  
 830  
 02/11/03